



Texas Cancer Reporting News

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From the Director

We're very pleased to bring you a special edition of the Texas Cancer Registry (TCR) newsletter. After much work on the part of many people, we are able to present data from the first statewide study of cancer incidence in Texas. These data also have been included in the national publication of the North American Association of Central Cancer Registries "Cancer Incidence in North America 1990-1994," marking the first time Texas data have been included in this annual national report. Although these data date back to 1992, they serve as an important comparison for future statewide cancer incidence data reports. I hope you will utilize this information to continue your cancer prevention and control efforts in Texas.

This information is possible due to the support and efforts of so many people involved in fighting cancer among Texans. Hospital tumor registrars and other health care personnel reported the



majority of the cancer cases. The Centers for Disease Control and Prevention funded additional data collection efforts. Finally, the staff of the TCR collected the unreported data, coded and processed all the data, and analyzed the final dataset. In particular, I would like to recognize the efforts of Ms. Avis Dennis, an employee of the TCR Arlington regional office, who lost her battle with cancer in April. We dedicate this newsletter to Avis in appreciation of her role in making the TCR an important part of the fight against cancer. She will be greatly missed. Her death emphasizes, in a very personal way, the critical part cancer registries must play in controlling and preventing cancer.

Thank you all for making this first-ever, statewide cancer incidence data report possible!

Nancy S. Weiss, Ph.D.

The data highlighted in this newsletter include all cancer cases reported to the Texas Cancer Registry as newly diagnosed among Texas residents in 1992. Multiple reports for the same cancer have been consolidated, so these data reflect one report per cancer. To allow comparison of Texas cancer statistics with national data, incidence rates have been age-adjusted to the 1970 U.S. population using the direct method of standardization. This effectively removes any bias in the rates resulting from differences in the age structure of the populations being compared. All rates presented are per 100,000 population.

National statistics are provided from two sources, the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER)

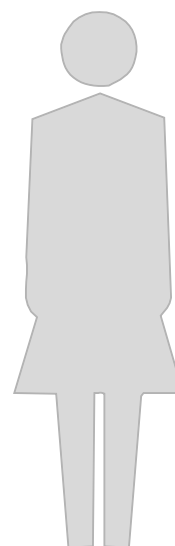
program¹ and the U.S. rates published by the North American Association of Central Cancer Registries (NAACCR).² The SEER program is a population-based cancer registry that covers approximately 14% of the U.S. population. The NAACCR rates reflect the combined cancer incidence data of 15 state and four metropolitan-area cancer registries, representing approximately 34% of the U.S. population.

1 Ries LAG, Kosary CL, Hankey BF, Miller BA, Harras A, Edwards BK (eds). SEER Cancer Statistics Review, 1973-1994, National Cancer Institute. NIH Pub. 97-2789. Bethesda, MD, 1997.

2 Howe HL and Lehnher M (eds). Cancer in North America, 1989-1993. Volume One: Incidence. Sacramento, CA: North American Association of Central Cancer Registries, April 1997.

Figure 1.
Leading Sites
of New Cancers,
by Sex.
Texas, 1992.

Prostate
10,892 (31.4%)
Lung
6,483 (18.7%)
Colon
2,479 (7.2%)
Bladder
1,685 (4.9%)
NHL
1,275 (3.7%)
Oral
1,150 (3.3%)
Rectum
1,034 (3.0%)
Leukemia
956 (2.8%)
Kidney
955 (2.8%)
Melanoma
739 (2.1%)
All Sites
34,362



Breast
8,886 (30.2%)
Lung
3,889 (13.2%)
Colon
2,570 (8.7%)
Corpus Uteri
1,412 (4.8%)
Cervix
1,132 (3.8%)
Ovary
1,114 (3.8%)
NHL
1,065 (3.6%)
Rectum
766 (2.6%)
Pancreas
756 (2.6%)
Leukemia
747 (2.5%)
All Sites
29,477

Cancer Incidence Among Texans Varied

By Sex

In Texas, as in most of the world, males experience higher overall rates of cancer than females. For example, lung cancer was the second leading cause of cancer in both males and females, but the incidence rate for males was twice that of females. This pattern of higher rates in males was seen for almost all of the cancer sites that were not gender specific.

In addition to lung cancer, which accounted for 19% of the cancers in males, other leading forms of cancer among Texas males were prostate (31%), colon (7%), bladder (5%) and non-Hodgkin's lymphoma (NHL) (4%). Among females, breast cancer was the most common form of cancer, accounting for 32% of all female cancers. Other leading causes of cancer in females included colon (9%), corpus uterus (5%) and cervix (4%) (Figure 1). The five most common forms of cancers accounted for 66% and 61% of all cancers in males and females, respectively.

By Age

The cancers diagnosed among younger men and women are often quite different than those seen in older age groups (Table 1). Among Texas males, testicular cancer was the leading type of cancer seen for ages 15-34 years, accounting for 18% of the total cancers in that age group. Testicular cancer dropped to the fourth leading site in 35- to 44-year-

old men and was not a leading cancer after age 45. Similarly, prostate cancer, a cancer of older men, did not appear as a leading cancer until after age 45, but was the leading cancer seen in men 55 years and older.

In Texas women, cervical, thyroid and ovarian cancers had a greater impact in younger age groups. Colon cancer began to account for a higher percent of the total cancers in women aged 45-54 years (5%), and increased in importance with increasing age, accounting for 15% of the total cancers seen in women ages 75 and older. Breast cancer was the leading cancer diagnosed in Texas women, of all races, regardless of age.

By Race/Ethnicity

Prostate, lung and colon cancers were the leading cancers for all Texas men, regardless of race/ethnicity (Table 2). Other leading cancer sites, however, varied among Anglo, Hispanic and African American men. Similarly, breast, lung and colon cancers were the most common cancer sites among Texas women for all races combined. Analysis of the race/ethnicity-specific data revealed that cervical cancers play a greater role in the cancer experience of Hispanic and African American women, accounting for 6% of the total cancers reported for each group. Cervical cancers made up only 3% of the total cancers among Anglo women in Texas (Table 3).

Table 1. Five Most Common Cancer Sites by Age at Diagnosis. Texas, 1992.

Age at Diagnosis						
	15-34	35-44	45-54	55-64	65-74	75+
Rank	Males					
1	Testis 203 (18.5%)	Lung 147 (10.5%)	Lung 545 (19.1%)	Prostate 1,797 (27.2%)	Prostate 4,726 (38.8%)	Prostate 4,074 (40.1%)
2	NHL 146 (13.3%)	NHL 146 (10.5%)	Prostate 274 (9.6%)	Lung 1,532 (23.2%)	Lung 2,478 (20.3%)	Lung 1,752 (17.3%)
3	Hodgkin's Disease 97 (8.8%)	Kaposi's Sarcoma 110 (7.9%)	Colon 231 (8.1%)	Colon 443 (6.7%)	Colon 844 (6.9%)	Colon 840 (8.3%)
4	Brain 87 (7.9%)	Testis 96 (6.9%)	Oral 188 (6.6%)	Bladder 299 (4.5%)	Bladder 594 (4.9%)	Bladder 612 (6.0%)
5	Kaposi's Sarcoma 81 (7.4%)	Melanoma 95 (6.8%)	NHL 152 (5.3%)	Oral 287 (4.3%)	Rectum 334 (2.7%)	NHL 271 (2.7%)
Total	1,098	1,397	2,848	6,617	1,2182	10,153
Rank	Females					
1	Breast 215 (16.7%)	Breast 1,169 (45.4%)	Breast 1,645 (43.7%)	Breast 1,737 (32.7%)	Breast 2,188 (27.8%)	Breast 1,932 (23.0%)
2	Cervical 220 (17.1%)	Cervical 290 (11.2%)	Lung 355 (9.4%)	Lung 923 (17.4%)	Lung 1,456 (18.5%)	Colon 1,261 (15.0%)
3	Thyroid 175 (13.6%)	Thyroid 132 (5.1%)	Cervical 213 (5.7%)	Corpus Uteri 323 (6.1%)	Colon 711 (9.0%)	Lung 1,048 (12.5%)
4	Ovary 94 (7.3%)	Ovary 120 (4.6%)	Corpus Uteri 187 (5.0%)	Colon 318 (6.0%)	Corpus Uteri 480 (6.1%)	Pancreas 371 (4.4%)
5	Hodgkin's Disease 89 (6.9%)	Melanoma 104 (4.0%)	Colon 176 (4.7%)	Ovary 218 (4.1%)	NHL 294 (3.7%)	NHL 360 (4.3%)
Total	1,289	2,578	3,765	5,316	7,869	8,402

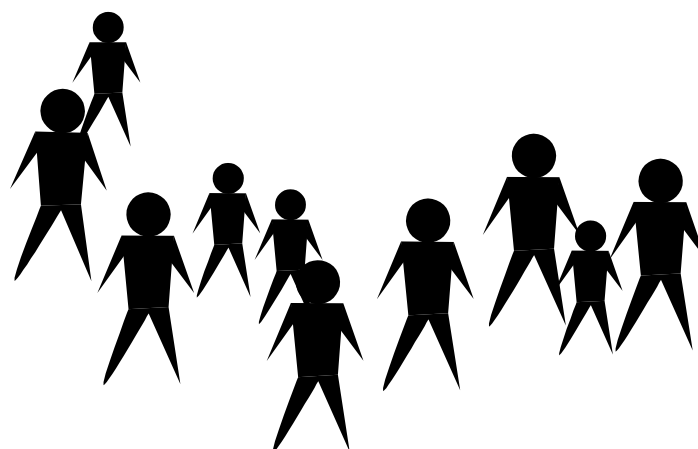
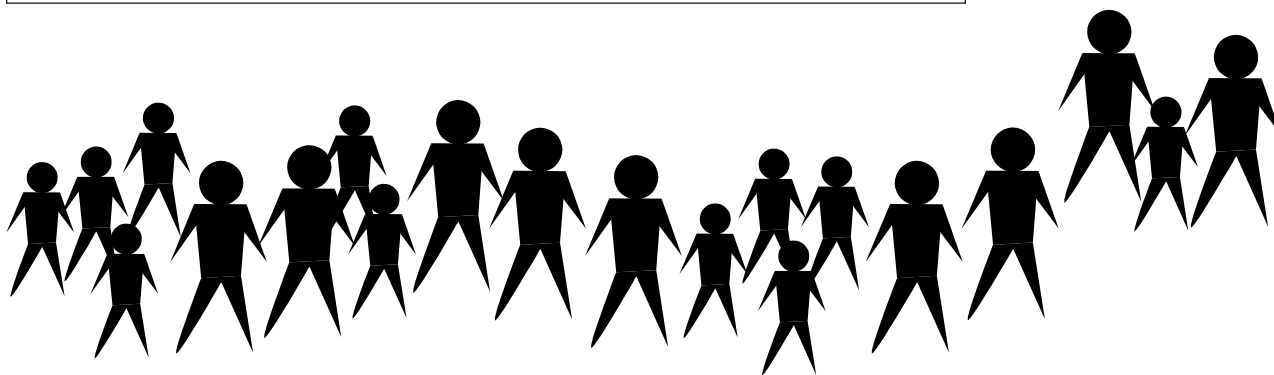
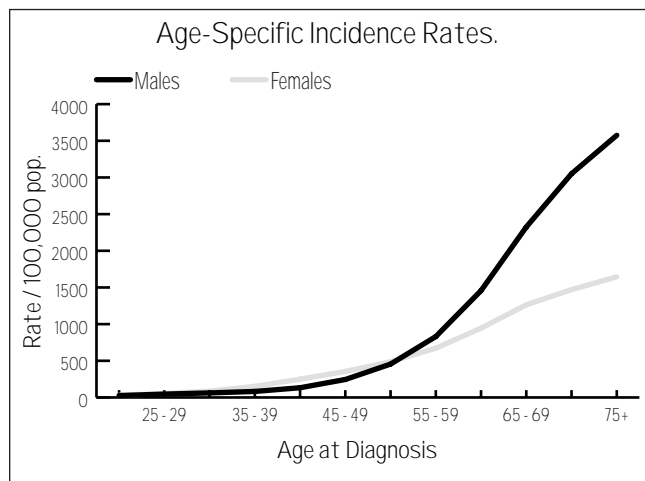
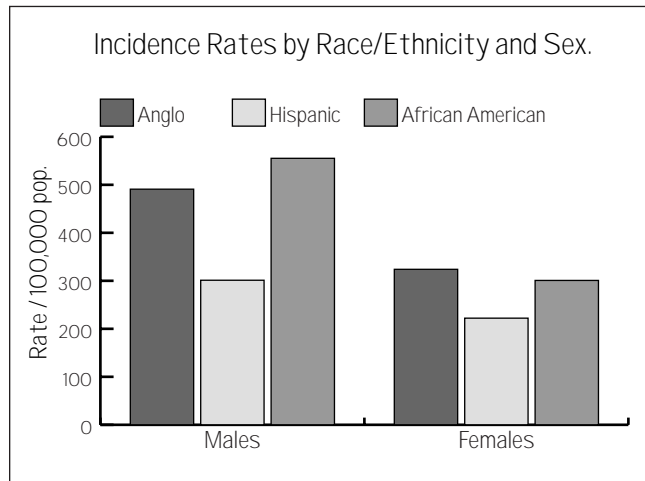


Table 2. Five Most Common Cancer Sites and Percent of Total Cancers Diagnosed by Sex and Race/Ethnicity. Texas, 1992.

	All Races	Anglo	Hispanic	African American
Rank	Males			
1	Prostate 10,892 (31.4%)	Prostate 8,884 (32.6%)	Prostate 869 (23.3%)	Prostate 1,139 (31.5%)
2	Lung 6,483 (18.7%)	Lung 5,193 (19.0%)	Lung 505 (13.5%)	Lung 785 (21.7%)
3	Colon 2,479 (7.1%)	Colon 1,948 (7.1%)	Colon 254 (6.8%)	Colon 277 (7.7%)
4	Bladder 1,685 (4.9%)	Bladder 1,457 (5.3%)	NHL 183 (4.9%)	Oral 127 (3.5%)
5	NHL 1,275 (3.7%)	NHL 985 (3.6%)	Kidney 158 (4.2%)	Stomach 118 (3.3%)
Total	34,632	27,293	3,727	3,612
Rank	Females			
1	Breast 8,886 (30.2%)	Breast 7,050 (30.8%)	Breast 1,031 (27.6%)	Breast 805 (28.2%)
2	Lung 3,889 (13.2%)	Lung 3,296 (14.4%)	Cervix 298 (8.0%)	Lung 341 (12.0%)
3	Colon 2,570 (8.7%)	Colon 2,019 (8.8%)	Lung 252 (6.8%)	Colon 336 (11.8%)
4	Uterus 1,412 (4.8%)	Uterus 1,126 (4.9%)	Colon 215 (5.8%)	Cervix 170 (6.0%)
5	Cervix 1,132 (3.8%)	NHL 860 (3.8%)	Ovary 184 (4.9%)	Uterus 109 (3.8%)
Total	29,477	22,893	3,731	2,853



Total Cancer Incidence



A total of 64,109 newly diagnosed primary malignant cancers were reported to the Texas Cancer Registry in 1992. Males accounted for 54% (34,632) and females 46% (29,477) of the primary malignant cancer cases.

In 1992, the age-adjusted incidence rate for total cancers was 465.1 per 100,000 for males, which was 53% higher than for females (304.3 per 100,000). These rates varied widely by race/ethnicity. The incidence rate for total cancers was 13% higher in African American males than Anglo males, while the rate for total cancers among Hispanic males was 38% lower than rates for Anglos. In contrast to males, the incidence of total cancer was 8% lower in African American females than Anglo females. Hispanic females experienced a 31% lower rate than Anglo females.

Total cancer incidence increased with age for both males and females. Although the increase began at a slightly younger age in Texas females, it was much more rapid and to much higher rates in Texas males. This is partly due to the very high rate of prostate cancer in older men. Sixty-two percent of all the primary malignancies in men occurred in those aged 65 and older.

Overall, Texas cancer rates were lower than those of the U.S. This may be due in part to the large Hispanic population in Texas; this group generally has lower cancer rates than other race/ethnic groups.

Texas Residents	Males	Females	Total
New cases	34,632	29,477	64,109
Age-adjusted rate	465.1	304.3	368.8
National rates:			
SEER ¹	501.2	346.3	409.0
US ²	476.8	339.5	n/a

¹SEER program all races, 1992.
²Cancer in North America, all races, 1989-1993.

Lung Cancer

Overall, lung cancer was the second leading cancer among Texas males and females for all races combined, accounting for 16% of the total cancer cases for 1992. The incidence of lung cancer among Texas males is slightly higher in comparison with U.S. and SEER rates, but this difference is not statistically significant. Lung cancer incidence rates among females were equivalent for Texas, the U.S. and SEER.

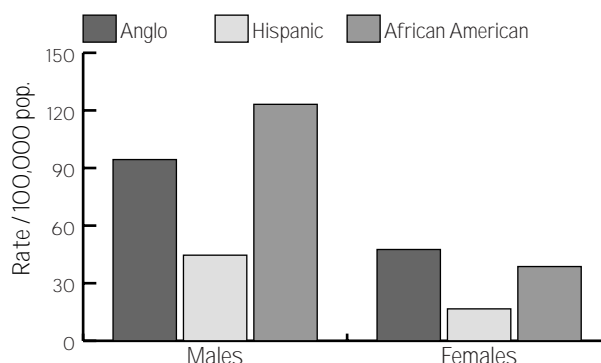
Lung cancer incidence varied by sex and race/ethnicity, with incidence more than twice as high in Texas males as in Texas females (males, 88.8 per 100,000; females, 41.5 per 100,000). The incidence rate of lung cancer ranged from a high of 123.2 per 100,000 in African American males to a low of 44.6 per 100,000 in Hispanic males. Among Texas females, the incidence of lung cancer was highest in Anglos (47.6 per 100,000) and lowest in Hispanics (16.6 per 100,000). Texas Hispanic females had less than one-half the incidence rate of either Texas Anglo or African American women. Age-specific lung cancer incidence rates began to rise after age 40 in both Texas males and females, however, the rise was steeper and much higher in males.

The major risk factor for lung cancer is tobacco use, an exposure which is completely preventable. The lower rates of lung cancer in women than men reflect the historically lower rates of smoking in women. There is evidence, however, that smoking rates in women are increasing. In 1982, lung cancer among Texas women surpassed breast cancer as the leading cause of cancer mortality.

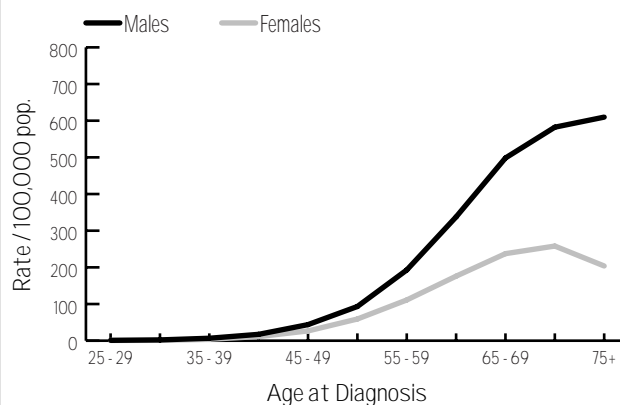
Other risk factors for lung cancer include industrial substances such as arsenic, some organic chemicals, and asbestos. In fact, substances such as asbestos and radon interact with smoking to produce an even higher risk of lung cancer. Even exposure to side stream smoke is known to increase the risk of lung cancer in nonsmokers.¹

1 Blot WJ, Fraumeni JF. Cancers of the lung and pleura. In: Schottenfeld D and Fraumeni JF. *Cancer Epidemiology and Prevention* (Second Edition) (New York: Oxford University Press), 1996; pp. 637-665.

Incidence Rates by Race/Ethnicity and Sex.



Age-Specific Incidence Rates.

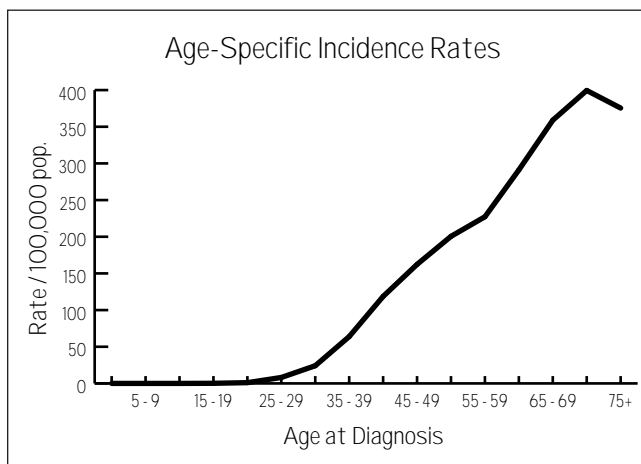
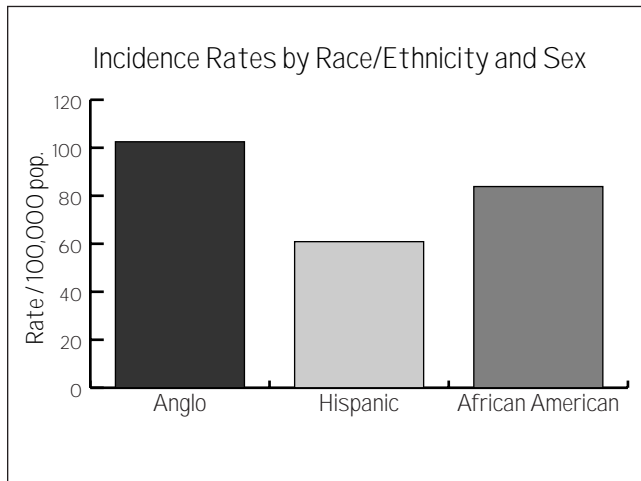


Texas Residents	Males	Females	Total
New cases	6,483	3,889	10,372
Age-adjusted rate	88.8	41.5	61.6
National rates:			
SEER ¹	81.7	43.1	59.6
US ²	80.3	41.5	n/a

¹SEER program all races, 1992.

²Cancer in North America, all races, 1989-1993.

Breast Cancer



Texas Residents	Males	Females	Total
New cases	52	8,886	8,938
Age-adjusted rate	0.7	93.8	51.4
National rates:			
SEER ¹	0.9	111.2	60.8
US ²	0.9	107.3	n/a

¹SEER program all races, 1992.
²Cancer in North America, all races, 1989-1993.

Approximately one-third of the cancers reported among Texas women were breast cancers, making this the leading type of cancer diagnosed in Texas females. The incidence rate of breast cancer varied by race/ethnicity from a high of 102.5 per 100,000 among Anglo women to a low of 60.9 per 100,000 among Hispanic women, with African American women at an intermediate 83.8 per 100,000. Breast cancer incidence rates among Texas females were slightly lower than U.S. and SEER rates, but the difference was not statistically significant. Breast cancer in males was very rare, with only 52 cases reported for 1992.

In Texas females, the age-specific rate for breast cancer began to increase at around age 30, and increased steadily until age 70. About 74% of the cases were diagnosed in women age 50 and over. Breast cancer is relatively uncommon in women under age 30 and accounted for only 0.7% of newly diagnosed cases. Approximately 25% of all cases occurred among women age 30-49.

The most important risk factor for breast cancer is increasing age, but early age at menarche, late age of menopause, low parity, length of menstrual cycle have all been shown to increase risk. Long-term use of exogenous estrogens also has been associated with a small increase in risk. In addition, recent studies have suggested an important role for genetic predisposition in some cases of breast cancer, and several different genes have now been identified that increase the risk of breast cancer. Increased fat consumption and increased body weight also have been shown to increase risk.^{1,2}

The most important public health interventions currently available to control breast cancer target early diagnosis, including regular mammography and breast examinations.³

1 American Cancer Society. Cancer Facts and Figures, 1996, p. 8-9.

2 Hankey BF, Brinton LA, Kessler LG, Abrams J. Breast. In: Miller BA, Ries LAG, Hankey B, Kosary CL, Harras A, DeVesa SS, Edwards BK (eds). SEER Cancer Statistics Review, 1973- 1990. 1993, National Cancer Institute, NIH Publication No. 93-2789; p. iv.1-iv.24.

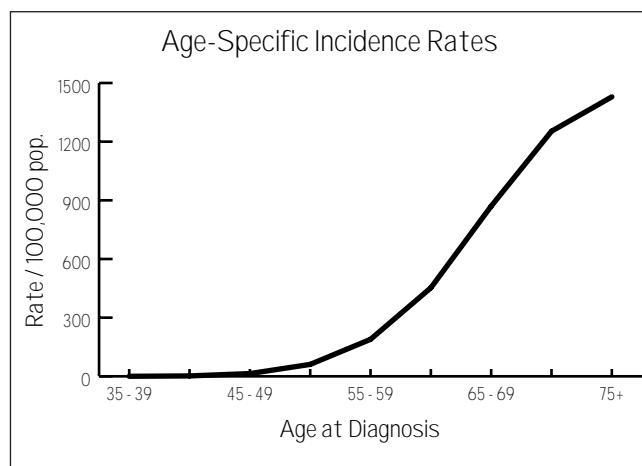
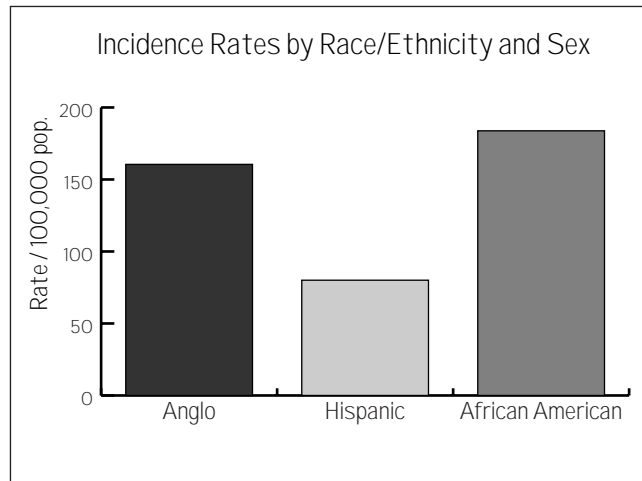
3 Henderson BE, Pike MC, Bernstein L, Ross RK. Breast Cancer. In: Schottenfeld D and Fraumeni JF (eds) Cancer Epidemiology and Prevention, (Second Edition); (New York: Oxford Univeristy Press), 1996; pp. 1022-1039.

Prostate Cancer

Prostate cancer was the leading cancer in males of each race/ethnic group, accounting for 31% of all cancers among males. The Texas rate of prostate cancer was statistically significantly lower than the SEER rate, but equivalent to the U.S. rate. The incidence of prostate cancer among Texas African Americans (183.8 per 100,000) was more than twice as high as that of Texas Hispanics (80.1 per 100,000) and about 14% higher than for Texas Anglos (160.5 per 100,000). Age-specific incidence rates of prostate cancer illustrate that this is a disease of older men. The age-specific rate was extremely low until about age 50, but then increased rapidly.

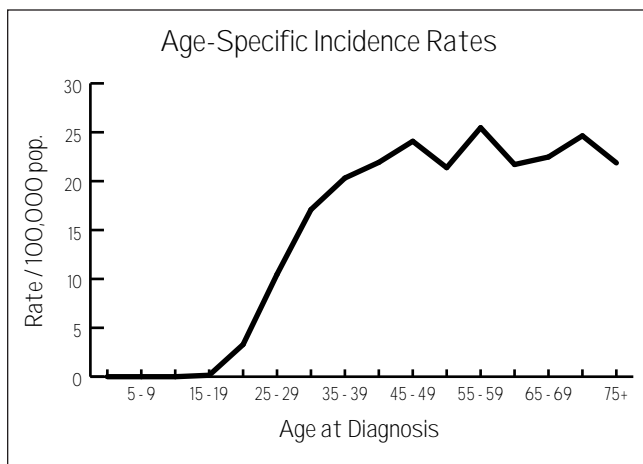
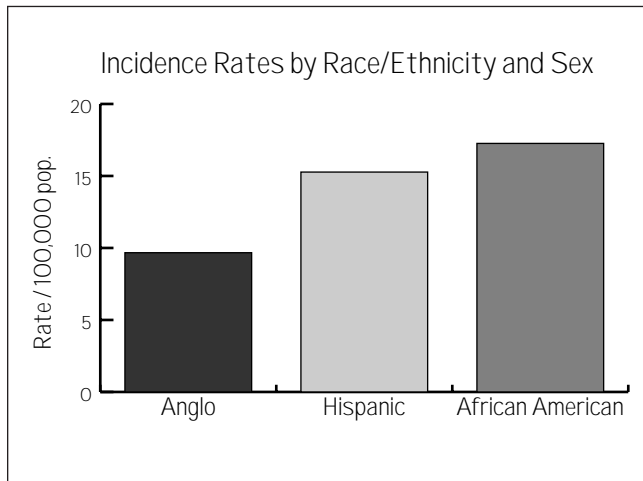
Prostate cancer has been increasing over the previous decade in Texas, as it has in the United States, possibly due in part to increased utilization of improved screening tools such as the prostate specific antigen test (PSA). National data indicate that prostate cancer incidence rates peaked in the early 1990s and are now decreasing. It is possible that additional years of Texas data will reflect the same pattern. The causes of prostate cancer are largely unknown, however, possible risk factors have been proposed that involve hormonal patterns, family history, and dietary practices.¹

1 Ross RK, Schottenfeld D. Prostate Cancer. In: Schottenfeld D and Fraumeni JF (eds) Cancer Epidemiology and Prevention (Second Edition); New York: Oxford University Press, 1996 pp. 1180-1206.



Texas Residents	Males
New cases	10,892
Age-adjusted rate	150.0
National rates:	
SEER ¹	190.1
US ²	142.9
¹ SEER program all races, 1992.	
² Cancer in North America, all races, 1989-1993.	

Cervical Cancer



Texas Residents		Females
New cases		1,132
Age-adjusted rate		11.4
National rates:		
SEER ¹		8.3
US ²		9.4
¹ SEER program all races, 1992.		
² Cancer in North America, all races, 1989-1993.		

Cancer of the uterine cervix was the fifth leading cancer among Texas women and was the only leading cancer site where Texas rates (11.4 per 100,000) were statistically significantly higher than SEER and U.S. rates (8.3 per 100,000 and 9.4 per 100,000 respectively). Cervical cancer rates in Texas women began to rise around age 20 and increased sharply thereafter. Major differences in incidence were seen when race/ethnicity was taken into account. Cervical cancer was the second most common type of cancer in Hispanic women (15.3 per 100,000) and the fourth most common among African American women (17.3 per 100,000). In contrast, cervical cancer was not even one of the top five cancers in Texas Anglo women (9.7 per 100,000).

The majority of cases of cancer of the uterine cervix are probably due to infection with human papillomavirus (HPV), which may be sexually transmitted.¹ Early age at first intercourse and multiple sex partners are also well-established risk factors for cervical cancer. A number of other risk factors have been suggested, including socioeconomic status, cigarette smoking, characteristics of male sex partners, other infectious agents (also possibly related to HPV), contraceptive methods, and absence of Pap smear screening. In addition, a few studies have suggested a role for occupational and dietary factors, but these often still are a result of a primary relationship with HPV.² Since cancer of the uterine cervix is one of the few cancers that can be easily diagnosed and successfully treated at a pre-invasive stage, invasive disease and mortality are good indicators of differences between groups in health services availability or use.

1 Kjaer SK, van den Brule AJ, Bock JE, Poll PA, Engholm G, Sherman ME, Wasboomers JM, Meijer CJ. Human papillomavirus—the most significant risk determinant of cervical intraepithelial neoplasia. *Intl J Cancer*, 1996;65(5):601-606.

2 Schiffman MH, Brinton LA, Devesa SS, Fraumeni JF Jr. Cervical Cancer, In: Schottenfeld D and Fraumeni JF Jr. *Cancer Epidemiology and Prevention* (Second Edition) (New York: Oxford University Press), 1996;pp. 1090-1116.

Colon Cancer

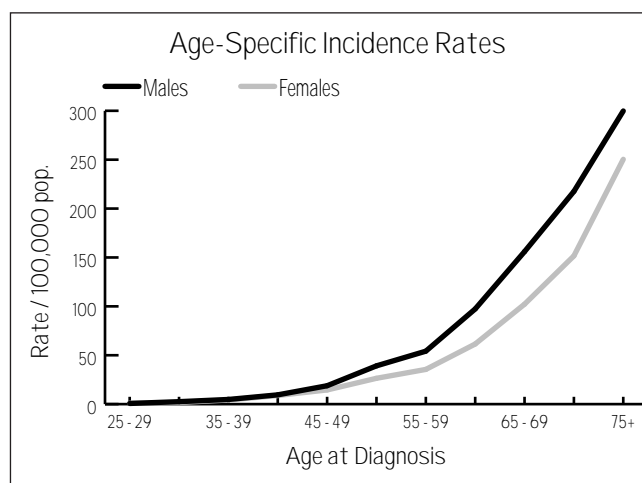
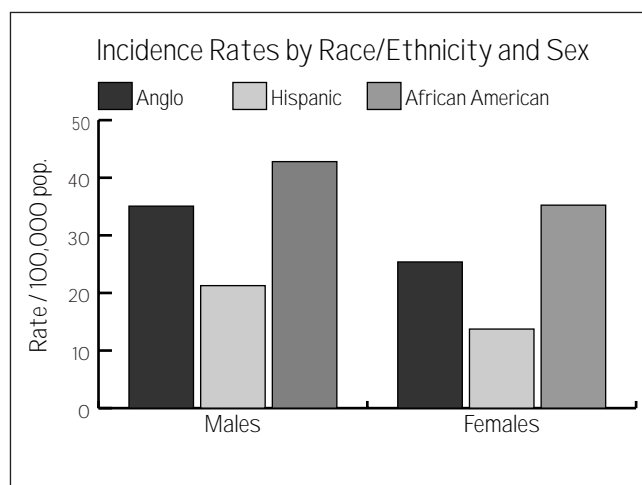
Colon cancer was the third most common cancer in both Texas males and females for all races combined (males, 7% of total cases; females, 9% of total cases). The highest incidence rates of colon cancer were seen among African Americans while the lowest rates were seen among Hispanics. Colon cancer incidence rates among Texas Hispanics were approximately one-half to two-thirds that of Anglos and African Americans. These racial/ethnic differences may reflect both biological differences and differences in access to care.

Age-specific incidence rates of colon cancer in Texas males increased slowly from age 30-50, and increased more rapidly after age 50. The age-specific incidence rates among Texas females followed a similar pattern as the males, however, the rapid increase in age-specific rates did not begin until around age 60. While the pattern in the age-specific incidence rates were similar among males and females, females never achieved the high rates found in males.

In comparison with U.S. and SEER rates, colon cancer incidence rates in Texas were lower. The colon cancer incidence rate for Texas males was statistically significantly lower than SEER. The Texas female rate was lower, but the difference was not statistically significant.

Numerous studies have shown that colon cancer is more common in economically developed countries and in urban areas compared with rural areas. Risk factors for colon cancer include a history of colon polyps or colon cancer, inflammatory bowel disease, and dietary risk factors (high-fat, low-fiber diets). In addition, there is evidence that both alcohol and tobacco use may increase the risk of colon cancer. Early diagnosis of colon cancer is possible, and methods of early diagnosis have improved considerably in recent years.¹

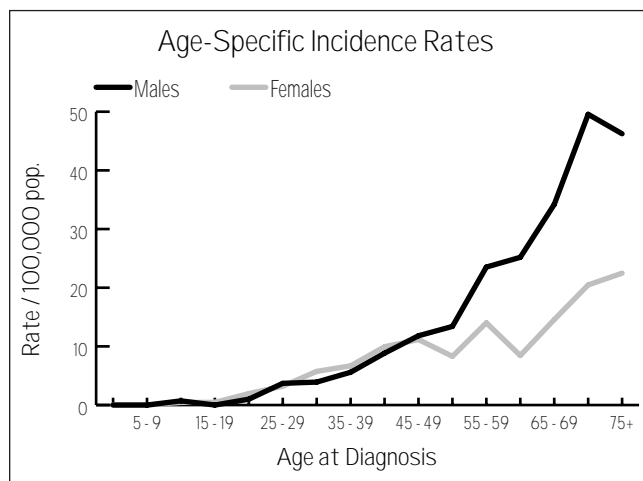
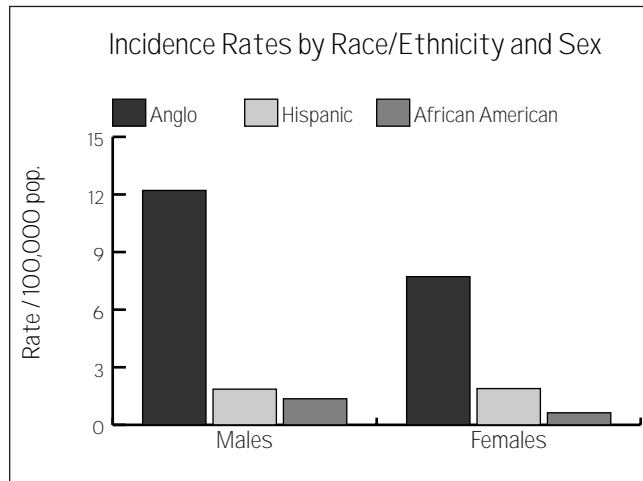
1 Schottenfeld D and Winaer SJ. Cancers of the Large Intestine. In: Schottenfeld D and Fraumeni JE Cancer Epidemiology and Prevention (Second Edition) (New York: Oxford Univeristy Press), 1996; pp 813-840.



Texas Residents	Males	Females	Total
New cases	2,479	2,570	5,049
Age-adjusted rate	33.6	24.6	28.6
National rates:			
SEER ¹	39.0	29.1	33.3
US ²	39.2	29.1	n/a

¹SEER program all races, 1992.
²Cancer in North America, all races, 1989-1993.

Melanoma of the Skin



Texas Residents	Males	Females	Total
New cases	739	576	1,315
Age-adjusted rate	9.3	5.8	7.3
National rates:			
SEER ¹	15.1	10.2	12.3
US ²	12.4	8.4	n/a

¹SEER program all races, 1992.

²Cancer in North America, all races, 1989-1993.

Melanoma is primarily a disease seen among Anglos. Among Texas males, the Anglo rate is approximately 7-9 times higher than rates for Hispanics and African Americans, respectively. Among Texas females, the Anglo rate is approximately 4-12 times higher than rates for Hispanics and African Americans, respectively. In comparison to U.S. and SEER rates, Texas rates for melanoma of the skin were lower for both males and females. These low rates may be due in some part to both the large Hispanic population in Texas and under-reporting of this cancer site.

Age-specific incidence rates for melanoma of the skin for both males and females began to rise around age 20. Incidence rates continued to rise for both until about age 45 where the increase in female rates began to slow down. However, incidence rates for males continued to rise more sharply.

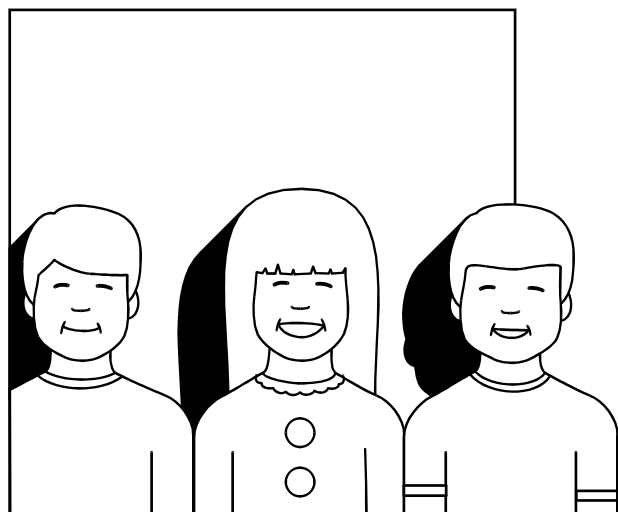
Over the last several decades, the incidence of melanoma has increased dramatically in the United States, posing a serious threat to public health. Although the precise cause of melanoma is unknown, numerous clinical and epidemiologic studies in the past decade have identified characteristics associated with increased risk of melanoma: a history of sunburns, fair skin, number of moles, presence of dysplastic or other atypical moles, previous melanoma, family history of melanoma, and immunosuppression. The most important risk factor, however, is exposure of the skin to the sun and ultraviolet rays.¹

1 Armstrong BK, English DR. Cutaneous Malignant Melanoma, In: Schottenfeld D and Fraumeni JF Cancer Epidemiology and Prevention (Second Edition) (New York: Oxford University Press), 1996;pp. 1282-1312.

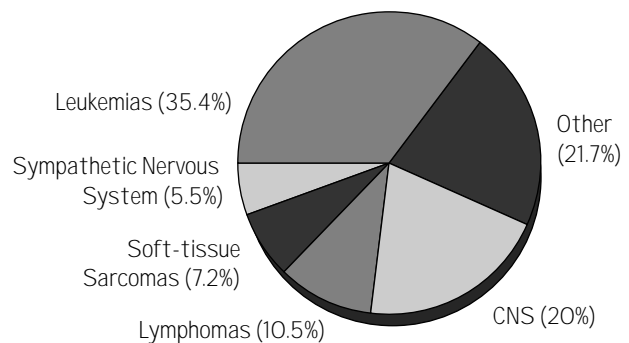
A Preview: Cancer in Texas Children

A total of 643 cancers were reported in 1992 among Texas children ages 0-14 years. As with cancers in adults, the incidence of cancer in children was higher in males than females. Leukemia was the most common type of cancer diagnosed in both males and females, accounting for 35% of all childhood cancers reported. The majority of leukemias reported were lymphoid leukemias (29%). The central nervous system was the second leading site for childhood cancer cases (20%), with astrocytic brain tumors being the most commonly diagnosed tumor type. Lymphomas accounted for 10% of the total childhood tumors. More than half of the cases in this group were either non-Hodgkin's lymphomas or Hodgkin's disease.

The 1992 statewide data for childhood cancers will be part of a comprehensive report by the TCR on cancer incidence in Texas children. This report will include statewide incidence data for cancers diagnosed from 1990-1995, for a total of almost 4,000 cases. Patterns of childhood cancer incidence by sex, 5-year age groups and race/ethnicity will be presented. We estimate that this report will be available for distribution in the fall of 1998.



Distribution of Childhood Cancers (Ages 0-14)



*Percentages do not total 100 due to rounding.

Texas Residents	Males	Females	Total
New cases	363	281	643
Age-adjusted rate ¹	159.8	129.5	145.0
National rates:			
SEER ²	150.0	132.0	141.0
US ³	151.3	132.9	142.3

¹Rates are per 1 million population.

²SEER program all races, 1992.

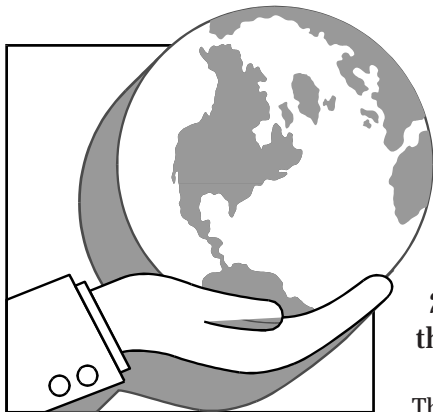
³Cancer in North America, all races, 1989-1993.

Summary

The types of cancers spotlighted in this newsletter represent those for which there are: 1) screening methods available to detect the cancer in an early, more treatable stage, and/or 2) recognized risk factors that can be avoided to lower risk of the cancer. These six cancer sites (lung, prostate, breast, colon, cervical and melanoma) together account for more than half (58.8%) of the total cancers reported to the Registry for 1992. We know that we can lessen the incidence and corresponding mortality from these cancers through reductions in smoking rates,

increases in breast and cervical cancer screening, and changes in dietary habits and sun exposure (particularly among children). Cancer prevention and control efforts offer unique opportunities to increase years of productivity, improve the quality of life, and reduce health care costs. If Texans take these recommendations to heart and translate cancer prevention and control knowledge into action, we can make great strides to reduce the burden of cancer in our state.

Looking for statewide cancer incidence data for Texas?



While this newsletter provides a highlight of the 1992 statewide cancer incidence data, detailed summary data for all cancer sites is available for downloading from the TCR website. In addition, the website contains detailed summary data for all 254 Texas counties. A sample of the data tables that are accessible through the internet is included on the next page.

The TCR website address is:

<http://www.tdh.state.tx.us/tcr>

Table 3. Statewide Incidence Rates*—Texas, 1992

	MALES						FEMALES					
	ANGLO		HISPANIC		AFRICAN AMERICAN		ANGLO		HISPANIC		AFRICAN AMERICAN	
	(POP=5,375,592)		(POP=2,335,113)		(POP=990,924)		(POP=5,573,476)		(POP=2,309,781)		(POP=1,070,764)	
	CASES	RATES	CASES	RATES	CASES	RATES	CASES	RATES	CASES	RATES	CASES	RATES
CANCER												
Oral Cavity & Pharynx	910	16.32	113	8.86	127	19.02	376	5.37	35	2.07	39	4.32
Esophagus	318	5.77	52	4.51	88	13.94	110	1.44	17	1.10	35	4.24
Stomach	387	6.90	148	12.09	118	18.12	215	2.85	130	8.16	62	6.30
Small Intestine	86	1.52	13	0.99	16	2.12	67	0.90	17	1.08	11	1.20
Colon	1,948	35.07	254	21.27	277	42.80	2,019	25.38	215	13.73	336	35.24
Rectum	812	14.66	136	10.73	86	12.89	612	8.31	75	4.65	79	8.47
Anus & Anal Canal	42	0.74	4	0.29	5	0.65	77	1.02	7	0.46	9	0.99
Liver and I. H. Bile Duct	219	3.94	137	11.57	49	7.05	132	1.89	68	4.36	21	2.25
Gall Bladder	35	0.62	25	2.23	2	0.32	76	0.96	54	3.67	8	0.85
Other Biliary	65	1.18	13	1.07	5	0.81	63	0.78	21	1.40	7	0.81
Pancreas	507	9.11	101	8.77	95	15.04	543	7.00	112	7.34	101	10.26
Retroperitoneum	21	0.38	7	0.38	4	0.48	24	0.35	5	0.34	1	0.11
Peritoneum	16	0.28	1	0.08	2	0.33	16	0.26	2	0.10	1	0.11
Other Digestive	10	0.17	3	0.16	4	0.65	7	0.08	2	0.13	2	0.16
Nasal, Sinus & Ear	48	0.86	11	0.81	5	0.72	26	0.39	10	0.62	2	0.15
Larynx	465	8.54	92	7.91	98	15.03	120	1.82	11	0.68	24	2.82
Trachea & Other Respiratory	19	0.32	3	0.16	4	0.50	6	0.08	2	0.11	2	0.22
Lung, Bronchus	5,193	94.40	505	44.61	785	123.17	3,296	47.56	252	16.64	341	38.68
Pleura	66	1.19	9	0.75	5	0.82	18	0.25	0	0.00	1	0.07
Bone	49	0.96	22	0.95	9	1.19	49	0.83	21	1.01	7	0.60
Soft Tissue	173	3.09	40	2.60	17	1.91	133	2.11	45	2.33	26	2.86
Melanoma	702	12.21	28	1.86	9	1.36	534	7.72	35	1.89	7	0.63
Other Skin	238	3.63	51	2.30	25	2.09	39	0.58	6	0.32	4	0.36
Breast	46	0.84	1	0.08	5	0.73	7,050	102.52	1,031	60.88	805	83.84
Cervix Uteri	0	0.00	0	0.00	0	0.00	664	9.67	298	15.27	170	17.26
Corpus Uterus	0	0.00	0	0.00	0	0.00	1,126	16.51	177	10.67	109	12.37
Uterus, Nos	0	0.00	0	0.00	0	0.00	69	0.94	21	1.37	8	0.83
Ovary	0	0.00	0	0.00	0	0.00	844	12.23	184	10.81	86	8.77
Vagina, Vulva, Other	0	0.00	0	0.00	0	0.00	195	2.71	37	2.31	35	3.52
Prostate	8,884	160.48	869	80.05	1,139	183.80	0	0.00	0	0.00	0	0.00
Testis	276	4.13	77	2.79	8	0.82	0	0.00	0	0.00	0	0.00
Penis & Other Male	36	0.64	19	1.28	10	1.30	0	0.00	0	0.00	0	0.00
Bladder	1,457	26.31	141	12.37	87	13.58	511	6.63	59	3.89	49	5.16
Kidney, Renal, Pelvis	713	12.91	158	12.69	84	12.27	450	6.44	110	6.88	63	6.71
Ureter	45	0.79	1	0.09	1	0.17	26	0.32	4	0.25	2	0.20
Other Urinary	19	0.34	1	0.08	5	0.67	6	0.08	0	0.00	2	0.25
Eye & Orbit	58	1.05	7	0.27	4	0.41	45	0.67	6	0.22	1	0.08
Brain & Other Nervous System	446	8.17	75	4.18	30	3.81	385	6.08	50	2.65	31	2.89
Thyroid	145	2.44	26	1.68	10	1.23	409	6.10	129	6.12	33	3.21
Other Endocrine	25	0.48	5	0.35	4	0.50	28	0.43	4	0.24	6	0.59
Hodgkin's	152	2.69	45	2.59	21	2.17	141	2.30	32	1.61	15	1.42
Non-Hodgkin's	985	17.26	183	12.26	107	13.83	860	11.94	135	8.40	70	7.18
Multiple Myeloma	234	4.21	51	4.21	58	9.16	219	2.86	46	3.12	70	7.26
Leukemia	725	13.34	151	8.68	80	11.17	573	7.99	117	5.67	57	5.73
Ill-Defined, Unspecified	714	12.88	149	12.60	124	18.58	733	9.57	149	9.64	115	11.82
TOTAL	27,293	490.90	3,727	301.20	3,612	555.20	22,893	323.95	3,731	222.19	2,853	300.80

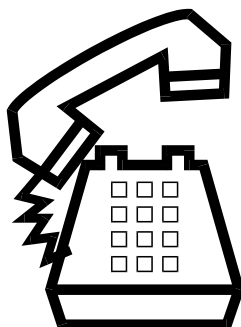
*Age-adjusted rates per 100,000 population

This Newsletter:

1992 TEXAS CANCER DATA

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Lubbock (PHRs 1, 9, 10) . . .806/744-3577

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